STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM STD 262 (REV. 6/93)				See Instructions and *Privacy Statement On Reverse Side							Page 1 (1 Pages			
CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER*					DEPARTMENT			
Terri Delgadillo										Developmental Services				
				CB/ID NUMBER			DIVISION OR BUREAU						INDEX NUMBER	
Director				E99			DIRECTOR'S OFFICE						473-001	
RESIDENCE ADDRESS*						HEADQUA								NE NUMBER
CITY STATE				ZIP CODE			1600 9th Street, Room 240					STATE	654-1897 ZIP CODE	
STATE			ZIP CODE			Sacramento						CA		95814
(1) MO	NTH/YEAR	(3)	(4)	(5)	MEALS	Joacramo		(7)		TRANSPO	DTATION		(0)	
April/May	2009	LOCATION	(4)	(5)	MEALS	0.T., L/T,	(6)	(7) (A)	(B)	(C)		D)	(8)	(9) TOTAL
(2)		WHERE EXPENSES	LODGING			N/C, RELO.	INCIDEN		(0)	CARFARE,			BUSINESS	EXPENSES
DATE	TIME	WERE INCURRED		BREAK- FAST	LUNCH	OR DINNER	TALS	COST OF TRANS.	TYPE	TOLLS	MILES	AMOUNT	EXPENSE	FOR DAY
DAIL	7:00 A		_	FASI	LONGH	DINNER		IRANS.	USED	PARKING	MILES	AMOUNT		
April 24	6:00 P	San Jose							PC	4.00	228	125.40		129.40
	6:30 A								PC					
May 16	4:30 P 5:30 P	Burbank	-						Α	9.00	20	11.00		20.00
May 22	8:00 P	Roseville							PC		46	25.30		25.30
												0.00		0.00
														0.00
								-						0.00
														0.00
														0.00
		1												0.00
														0.00
														0.00
			1											0.00
(10)									-		-			0.00
SUBTOTALS COLUMN CODE (ACCTG, USE ONLY)				0.00	0.00	0.00	0.00	0.00		13.00	294	161.70	0.00	174.70
CLAIM TOTAL											\$	174.70		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) (12) NORMAL WOR											RK HOURS			
										8a to 5p)			

CLAIM TOTAL		\$	174.70		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WOR	RKHOURS			
April 24– Agnews Developmental Center	8a to 5	0			
May 16North Los Angeles County Regional Center Board Retreat	(13) PRIVATE VEHICLE LICENSE NUMBER				
May 22Roseville City School DistrictSpecial Educ Parent Advisory Committee Awards Dinner					
	(14) MILEAGE RAT \$0.55	E CLAIMED			
		COUNTING O SE ONLY ING FUND CHEC			
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owed vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	7				
CLAIMANN SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND SIGNATURE OFFICER APPROVING TRAVEL AND SIGNATURE OFFICER APPROVING TRAVEL AND SIGNATU	ND PAYMENT DATE	/27/	09		
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) DATE					